STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	**03/06/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Hope Of Pinellas	**7575 65th Way Pinellas Park, FL 33781**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0123 - 58a-5.021(2) Fac - Fiscal - Resident Trust Funds S-S= B

Specific Tag Findings:

Assisted Living Facility

A Complaint Survey, CCR #2014011971, was conducted on [redacted].

The Good Hope Of Pinellas, Assisted Living Facility, had an unrelated deficiency at the time of the visit.

0123-Fiscal - Resident Trust Funds 58A-5.021(2) FAC

Based on Interview and Record Review the facility failed to ensure that written accounting procedures are followed for resident funds, and must include income and expense records, including the source and disposition of the funds for 4 out of 4 residents whose records were reviewed.

Findings Include:

An Interview with the Administrator at approximately 9:06 am revealed there are no accounting procedures which include income and expense records, including the source and disposition of the funds, in place to track 3 out of 4 residents (Resident #1, #2, #3), social security checks and resident spending monies.

An Interview with the Administrator at approximately 11:14 am revealed there is a Resident Fund Log, but he has not been filling it out for 1 out of 4 residents (Resident #4), who receive cash for spending money.

A Record Review at approximately 10:00 am revealed that 3 out of 4 residents (Resident #1, #2 & #3) receive monthly Social Security checks which include spending monies, but no income or expense records are kept.

CLASS [redacted]

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Good Hope Of Pinellas
7575 65th Way
Pinellas Park, FL 33781

RE: CCR #2014011971

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida